

**When Filing The Employee Leasing Application, Please Attach The Following:**

- Completed and Signed application forms
- \$100 Application Fee (Non-Refundable)
- \$500 or greater License Fee
- A description of the business conducted by those individuals in paragraph 2 during the 5 (five) years immediately preceding the date of application.
- Background Check Authorization Forms for each individual in paragraph 2 of the application
- A copy of the applicant's workers' compensation policy covering all leased employees of the applicant.
- The name, business address, FEIN and name of workers' compensation carrier for all client companies
- Evidence satisfactory to the commissioner that any health insurance benefits covering leased employees are provided pursuant to provisions of RSA 277-B:11, II.
- A financial statement prepared by an independent Certified Public Accountant in accordance with generally accepted account principles within six (6) months prior to the date of application which statement shall show a minimum working capital of \$100,000 per RSA 277-B:6, I
- Quarterly Tax Certification from a Certified Public Accountant per RSA 277-B:6,III (Renewals only)
- A copy of the employee manual provided to the leased employee outlining the terms and conditions of employment with the leasing company per RSA 277-B:9, I(i)
- A complete description of the employee grievance system required by RSA 277-B:I(j)
- Copy of NH Safety Summary Form (10 or more employees)
- Confirmation from home state, if other than NH, that the leasing company is in good standing.
- A copy of the applicant's license issued by its State of domicile, if the applicant is not a NH resident or domiciliary.
- Certification that the applicant does not conduct a temporary help service through the same entity as the applicant's employee leasing company.
- Letter of Good Standing from the NH Department of Employment Security
- Letter of Good Standing from the NH Department of Revenue regarding Business Profit Tax
- Surety Bond on a State of New Hampshire Form/ Original executed copy of Surety Bond
- Any open or unpaid Civil Penalties or violations with Coverage Unit or Inspections

Date Received Application \_\_\_\_\_  
Date Reviewed Application \_\_\_\_\_  
Date Approved \_\_\_\_\_  
License Number \_\_\_\_\_